

## Director's Update

*By Mike Harryman, Director of Emergency Operations*



The Oregon Public Health Division unveiled its [strategic plan](#) earlier this fall. The plan outlines a concrete vision to improve the health of Oregonians over the next three to five years. Two of the strategic priority areas directly affect public health preparedness: community resilience to emergencies and excellence in epidemiology and surveillance. Our own Jen Masotja and Collette Young serve as “champions” for these areas. As champions, Jen and Collette will lead coordination efforts across the Public Health Division.

As you read “Ready to Respond” you will learn about new and innovative ways the public health system is working with partners across counties, regions and the state to develop a robust system to respond to public health emergencies. Multnomah County and Jackson County have been working to increase vaccination rates for [influenza and measles](#). The Public Health Division, OHSU and OEM participated in a four day training and exercise class to improve communication and coordination in the event of a major public health emergency. This exercise marked the first time [FEMA adapted a training for a public health agency](#).

I'd also like to recognize the hard work of Gary Oxman, Sonya Andron, Maureen Cassidy and Colette Whelan. [Dr. Oxman](#) has worked for more than 20 years to improve the health of Oregonians. We wish him well in his retirement. The Immunization Program would like to recognize the work of [Sonya and Maureen](#) for building and strengthening Oregon's capacity to effectively respond to emergencies. Finally, on behalf of my program and the health departments in Central Oregon, I'd like to thank Colette Whelan for her service, dedication to public health and ability to get the job done — no matter what. We wish her well in her next endeavor.

One final note: As the winter season begins, I want to encourage each of you to prepare for potentially hazardous weather conditions. ODOT and the Oregon State Police provided us with [safety tips everyone can take to get ready for the winter storms](#).

# County Round Up Winter 2012

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## Public Health and the Pole Creek fire

*By Tom Kuhn*

On Sept. 9, 2012, a wildfire was discovered near the Pole Creek Trailhead, six miles southwest of Sisters, Oregon, in Deschutes County. While the fire began small, wind, dry conditions and fuel spread it to [26,795 acres](#) by the time it was contained.

Due to the proximity and topography of the area, smoke began to billow into Sisters at hazardous levels. Oregon Interagency Incident Management Team 4 assumed command on Sept. 10 at the Sisters Rodeo grounds.

On recommendation from the Oregon Department of Environmental Quality, Deschutes County Health Services (DCHS) Public Health took an early lead in responding to the public's health concerns.

By the second weekend of the event, the fire had more than doubled in size and, by Sept. 18, [Particulate Matter 2.5](#) levels reached over 1,000, the highest DEQ had ever seen. The densest smoke was apparent during the morning hours with less unhealthy levels observed in the afternoon. At this time, DCHS asked the Oregon Health Authority (OHA) Health Security, Preparedness and Response Program to help develop health messaging for the Sisters area.

Several discussions were held regarding potential school closures, but the informed decision was made for schools to remain open. The indoor air environments in the schools were likely to be less harmful than in most homes. Additionally, DCHS Public Health monitored the DEQ website daily to examine smoke particulate matter levels and determine any patterns in smoke concentration.

DCHS Public Health communicated its health advisory messages through numerous outlets and participated in semi-weekly school and Incident Command meetings. Messages focused on creating a clean-air environment and sheltering in place whenever possible. Other recommendations included cancelling all public outdoor activities in Sisters when the concentration of smoke in the area was at its highest. Public Health also monitored area medical clinics to assess increases in medical attention sought for smoke-related issues. Fortunately, the only increases were in clients renewing prescriptions for albuterol or nebulizers. Phone call volumes at DCHS were low to moderate throughout the fire, with the highest volumes seen when smoke concentration was at its heaviest. Phone calls came from both within and outside the community,

Interested parties can access key recommendations through the [Deschutes County Health Department Pole Creek Wildfire Information](#) page.

By Sept. 26, the fire was 80 percent contained and Incident Command held its final community meeting in Sisters to announce that the Oregon Interagency Incident Management Team 4 would begin transitioning management to local fire

"Preparing Together" is the culminating product of a collaboration between Washington, Clackamas and Columbia counties. It began as a conversation among colleagues about community resilience — a newer concept in public health a couple of years ago. Mohnkern described visiting her local library and noted free toolkits were available on numerous topics. It occurred to her that a toolkit was a simple, yet effective way of reaching the half-million people in the tri-county area.

Mohnkern worked with Cynthia Valdivia of Washington County, Anne Parrott of Columbia County, Kathy Thompson of Clackamas County, and Sherry Giles, Washington County graphic designer, to develop the guide. When the collaboration began, the group's goals were to ensure the information presented was easy to understand and accurate and that it removed the fear inherent in risk-based information. The group also wanted to make sure the information was appropriate in terms of literacy and cultural levels, appealed to hearing- and vision-impaired groups, and was oriented to adult learning styles.

The toolkit and guide are available in a few formats: 1) as a narrated video on YouTube, 2) as an un-narrated presentation, in which a facilitator is necessary, and 3) a printed presentation. . The collaborative envisions a format for viewing the video followed by discussion around using the toolkit. "Preparing Together" is also available to check out from the Washington, Clackamas and Columbia county libraries.

"Preparing Together" was presented for the first time Aug. 24 at the Genentech Employee Health Fair. It was presented again at the Cedar Hills Community Participation Organization. Mohnkern says the collaborating group wants to develop future collaborations with other organizations, including Community Emergency Response Teams, Medical Reserve Corp, and community organizations active in disasters. The group would also like to use the training in their own county departments.

Additional next steps for the group include building upon the existing toolkit, developing toolkits for other preparedness topics, such as for pets and populations with functional needs requirements. Mohnkern said, "If we can take this out to the community and really reach out to them, I think it will be really beneficial."

For additional information, visit ["Preparing Together, Discussion Guide and Toolkit."](#)

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## **Multnomah County Health Reserve Corps supports flu shot clinics**

*By Zumana Rios, MHA*

The Multnomah County Health Reserve Corps (HRC) activated its volunteers to support the Health Department's seasonal flu shot clinics this fall in collaboration with a variety of community partners, including the Mexican Consulate, African American Health Coalition and Immigrant and Refugee Community Organization (IRCO). Volunteers included registered nurses and vaccine-certified pharmacists. Volunteers supported three flu shot clinics during the months of October and November. Eleven HRC volunteers signed up to administer flu vaccines. These volunteers contributed a total of 55 hours of time.

The HRC was established in 2002 to house a cadre of licensed volunteer health care workers who would be mobilized to support the Health Department's response to large-scale emergencies or non-emergency public health activities. Volunteers are non-Health Department employees who serve as resources to expand communities' response capacity in Multnomah County and work under the Health Department's direction.

There are currently more than 400 licensed health care volunteers in the HRC. To learn more about the program, please visit the [HRC website](#).

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## **The Measles Model — a Jackson County innovation**

*By Holly Groom*

Jackson County public health staff have long been recognized for their pioneering work in addressing vaccine hesitancy. Building on this work, a team of public health staff along with a particularly committed volunteer developed an exciting and innovative tool known as the Measles Model.

Nicole Dzialowy, a volunteer with Jackson PHD and a graduate student the London School of Hygiene and Tropical

The benefits of getting the measles vaccine, which is known to be very effective in preventing disease, might seem to outweigh any risks once a person sees what a full-scale outbreak would really mean.

The possibilities that come with this tool are yet to be fully explored. Jackson County has inserted the Measles Model into a preparedness tabletop exercise and is continuing to explore ways to bring the model into conversations with school administrative staff. Oregon currently holds the highest kindergarten vaccine exemption rate in the country, and this tool — which represents the county's and its federal partners' vision and input — can help immunization advocates sway those who are not convinced of immunization's benefits.

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## **Honoring Dr. Oxman's 28 years of service to public health and health care system preparedness**

*By Kathryn Richer*

Retiring Multnomah County Health Officer Dr. Gary Oxman's many contributions on behalf of the OHA were recognized Nov. 13 when Jere High, HSPR program deputy planning and evaluation chief, presented him with a beautiful plaque. It read, "Thank you for your outstanding dedication, performance and professionalism in Oregon's public health and preparedness efforts."

Dr. Oxman has worked tirelessly for Multnomah County's public health for 27 years. He started his career in Portland as a family physician in primary care prior to becoming Multnomah County medical director. In 1987 he assumed the position of health officer for the Multnomah County Health Department. He added public health consultation, leadership and medical direction for Washington and Clackamas County health departments in 2006.

In his role as health officer, Gary has led several community initiatives with a long-lasting positive effect on Multnomah County and the region. A few examples are:

- Tirelessly convened representatives from the Portland metropolitan area's major health systems to develop opioid prescribing policies that reflect common, acceptable community prescribing standards and guidelines to reduce opiate overdose and misuse harms;
- Pioneered an innovative regional public health approach with the development of the Tri-County Health Officer group that provides regional public health leadership with a unified voice;
- Worked with historically alienated communities to ensure their input and voice in public health matters that affect them, in particular engaging African Americans around maternal and child health outcomes;
- For more than a decade, mentored and supervised preventive medicine residents and shaped the preventive medicine residency experience overall through participation with the OHSU Department of Public Health and Preventive Medicine's Residency Advisory Group, and mentoring residents directly in Multnomah County Practicum Experiences;
- Interpreted and applied public health law, particularly in the realm of school attendance and communicable disease as it relates to justice issues and the very real consequences of absenteeism on the lifelong health outcomes of youth;
- Provided executive leadership for the development of the NW Oregon Healthcare Preparedness Organization, a regional emergency planning collaboration of regional hospitals and health systems, local and state public health, county emergency management, emergency medical services, medical societies, safety net clinics, and behavioral health;
- Oversaw the development of community-accepted, practical local health response strategies and tools for providing coordinated delivery of essential health care services in the face of a pandemic influenza event. This included a Health/Medical Multi-Agency Coordination Group and its ethical framework, which received a NACCHO Model Practice Award.

This is just a sample of Dr. Oxman's leadership and contributions to public health in Multnomah County during his career. He does his work with enthusiasm, compassion, and with a constant eye on social justice and health equity. When Dr. Oxman retires in December 2012, he will not only leave behind a legacy but a cadre of protégés, fans and committed colleagues that have been influenced by his unfettered dedication. With the full support of the Multnomah County Health Department, we wish him all the best!

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As the SNS backup, Maureen Cassidy provides constant planning and implementation support and assistance to Sonya. Other Immunization staff take on roles for asset allocation, inventory management, picking and packing assets for delivery, and documentation and communication with the Agency Operations Center to ensure timely and accurate communication. However, the work of the Immunization Program staff would be ineffective without the support of Health Security, Preparedness and Response (HSPR) program staff, who help organize logistics and IT support for SNS operations. Sonya partners closely with HSPR staff in order to keep those roles and relations strong and inter-dependent.

Even more, Sonya spends a great deal of time building new and maintaining existing partnerships with external organizations — partners who are critical to the safe and secure transport of medical countermeasures throughout Oregon. Sonya meets regularly with these partners and has expanded our current RSS site network to locations in various parts of Oregon. These efforts are part of building an optimal SNS program that has backup contingency plans in case an emergency should incapacitate any aspect of state operations.

Sonya and Maureen are currently preparing for a full-scale exercise in spring 2013. The exercise will require involvement of all staff and partners. It will provide an opportunity to fully test Oregon's capacity to receive, stage and distribute assets by various modes of transport. By walking through all parts of a response effort, the exercise will be essential in identifying our strengths and weaknesses and finding ways to continually strengthen the Oregon SNS program.

We are grateful for the hard work that Sonya and Maureen do to improve our state's readiness for emergency response.

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OREGON PUBLIC HEALTH DIVISION

# OPHD, OEM participate in FEMA Integrated Emergency Management Courses

By Marilou Carrera

The Oregon Office of Emergency Management and the Oregon Health Authority's Public Health Division participated in the FEMA Integrated Emergency Management Courses at the end of August. It was the first time that FEMA had adapted the training to a public health audience. Forty-six participants represented the Oregon Public Health Division (OPHD) of the Oregon Health Authority, as well as Oregon hospitals. The class was held at the Courtyard Marriott in downtown Portland. The exercise was conducted in the Agency Operations Center at the Portland State Office Building and included only OPHD staff.



The FEMA training exercise was originally developed a year-and-a-half ago through the Oregon Office of Emergency Management (OEM). It evolved into an integrated emergency management course that focused on teaching and enhancing emergency management skills to higher-level staff, both during and after a disaster.

Participants spent four days learning communication strategies and response tactics to different emergency disaster situations and provided a return demonstration of their understanding through role-play. OPHD staff were assigned various responsibilities and roles under differing scenarios and worked their way through a crisis. OEM staff assumed roles representing various agency partners, including EMS staff, media and government officials. Represented agencies, acting as spectators from the field, contacted OPHD to ask questions, request updates and provide information. In return, OPHD fielded these requests under varied roles, coordinating within the department as well as outside the agency. Lyn Neal, OPHD senior all hazards planner, noted, "Any opportunity for us to work together is invaluable practice, which only increases our ability to respond effectively during a real world event."

FEMA focused this exercise on the role of public health during an emergency. For example, massive flooding can result in an infestation of mosquitoes potentially carrying West Nile Virus. OEM's responsibility is to quickly assess and secure the community and residents in this scenario. Public health, however, must begin to collect information about the mosquitoes, including assessing where they potentially came from, tracking their activities, and determining whether any infections developed. Additionally, public health professionals must coordinate with various agencies to keep this information current and accurate while keeping the public calm and informed.

"Public health is special and unique," said K.J. Craigmiles, EMAC coordinator for OEM. It "comes with its own set of equipment ... and public health staff have their own questions to ask."

Craigmiles noted that the collaboration was a "win-win" for both partners. OPHD staff received emergency management training and OEM received feedback. This allowed OEM to modify the exercise, tailoring it to meet the needs of public health professionals.

Anyone interested in training exercises or further information may send inquiries to K.J. Craigmiles, [Oregon Emergency Management](#).

# The Great Oregon Shakeout

By Marilou Carrera

At 10:18 a.m. on Thursday, Oct. 18, 2012, millions of people around the world participated in the largest coordinated earthquake drill on record, as reported by International Business Times. A total of 900 people from the Portland State Office Building (PSOB) and 160,000 from throughout Oregon were part of the exercise. The Great Shakeout is a coordinated international effort to raise awareness of earthquakes and practice techniques that increase safety during an earthquake.



"I was pleased to see the entire building participate," said Nick May, information systems coordinator for Health Security, Preparedness and Response (HSPR), as well as a deputy incident response team Lead for PSOB. HSPR and the Incident Response Team led exercise planning at PSOB, which they began nearly two months in advance.

Oregon is located near the Cascadia Subduction Zone, which is overdue for a high-magnitude earthquake. Given this proximity, experts expect a subduction earthquake to take place along the west coast. In light of this expectation, the Great Oregon Shakeout was established to educate Oregonians how to protect themselves during an earthquake. This year was the second year of the Great Oregon Shakeout. Participation increased by nearly 100,000 people from last year. For those interested in participating during future drills, or in finding more information about the Great Oregon Shakeout, please [visit the Oregon Shakeout website](#).

"The more people are exposed to exercises like [the Great Oregon Shakeout], the more their knowledge about how to respond increases and their anxiety and fear decrease," notes May. Participating groups included schools, businesses, neighborhood organizations, nonprofit groups, hospitals, health care organizations, tribes and local/state/federal governments.

There are usually no warnings that an earthquake will occur. Drills like the Great Shakeout are the best ways to prepare. The standard safety technique is "drop, cover and hold," whereby individuals drop to the ground, cover their heads and hold onto something until the earthquake stops. Please visit [Prepare for Earthquake](#) to learn more, and be prepared!

# Winter preparedness and winter weather

By Marilou Carrera

Christmas and New Years are just around the corner. Oregonians must begin thinking about their holiday plans as well as preparing for the winter season. Winter can be more dangerous than other times of the year because external weather conditions are not as safe and can change quickly. Taking simple steps now to prepare at home and work and with your vehicle can save a lot of time and prevent worry later.



## Home and vehicle preparedness

It is a good idea to stock emergency supplies at home, in case of a snowstorm or power outage. Generally, three days of supplies is good if evacuation is the plan, and two weeks' worth if evacuation is not appropriate. The Oregon Health Authority's [Build A Kit webpage](#) provides a detailed checklist of items to have on hand for emergencies.

The [Oregon Winter Driving Guide \(pdf\)](#) has a complete checklist of items recommended for a vehicle emergency kit.

## Chains and tires

Winter travel means all Oregonians are responsible for knowing and applying the laws surrounding chain and tire traction devices. These laws apply to all of the state highways.

Chains or traction tires are mandatory when signs have been posted that they must be used. Chains and tires are available from tire dealers, auto parts stores and other automotive retail outlets. If mandatory use signs are posted along the highway, drivers should pull their vehicles out of the lane and into designated chain-up areas.

Always be aware of weather conditions. Call Oregon's Highway Advisory Telephone for current road conditions; call 511 if in Oregon, or 503-588-2941 if calling from outside the state. Or check [www.tripcheck.com](http://www.tripcheck.com) for weather conditions and other information, including a summary of the chain and traction tire laws, and sample signage that may be posted along the highway.

## Travelling do's

Lieutenant Gregg Hastings, a 34-year member of the Oregon State Police (OSP), has had his fair share of winter-driving-gone-awry stories. Often the problems arise when drivers are not familiar with their traveling route, or find themselves rerouted because weather conditions interfere with GPS and visibility.

There are several precautions to make winter travel safe and enjoyable. The first step is to know the route, particularly if you don't have GPS, even before getting on the road. Plan an alternate route as a backup. Know the weather conditions and check out weather reports. Be sure to have emergency supplies in the vehicle, especially nourishment and water. When on the road, practice thinking 15 seconds ahead, or even longer, and be alert if something develops ahead. This is important because slick roadways can increase distance and stopping times. If there is a travel ban, honor those guidelines. Driving against a travel ban means there is a greater likelihood of driving in unsafe conditions, and contributing to accidents and emergencies. Travel bans are infrequent in Oregon, but can become necessary. Tell friends and family your plans, including your route. Finally, if the drive is rerouted, stay with the vehicle unless it is unsafe to do so.